



Refer to specific Managed Care Contractor for managed care members, or to the AHCCCS PA Unit for FFS members, for information on prior authorization requirements.

2. Parenteral Nutritional Therapy: Provides nourishment through the venous system to members with severe pathology of the alimentary tract that does not allow absorption of sufficient nutrients to maintain weight and strength.

Refer to specific Managed Care Contractor for managed care members or to Chapter 800 of this Manual and the AHCCCS PA Unit for FFS members for information on prior authorization requirements.

3. Commercial Oral Supplemental Nutritional Feedings: Provides nourishment and increases caloric intake as a supplement to the member's intake of other age appropriate foods, or as the sole source of nutrition for the member. Nourishment is taken orally and is generally provided through commercial nutritional supplements available without prescription.
  - a. Authorization from the member's Managed Care Contractor or the AHCCCS Administration for FFS members is required for commercial oral nutritional supplements unless the member is also currently receiving nutrition through enteral or parenteral feedings. Authorization is not required for the first 30 days if the member requires commercial oral nutritional supplements on a temporary basis due to an emergent condition.
  - b. Medical necessity for commercial oral nutritional supplements must be determined on an individual basis by the member's PCP or attending physician, using at least the criteria specified in this Policy. The PCP or attending physician must use the AHCCCS approved form, "Certificate of Medical Necessity for Commercial Oral Nutritional Supplements" (Exhibit 1240-5) to obtain authorization from the member's case manager and Managed Care Contractor or the AHCCCS Administration for FFS members, and
  - c. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must document that nutritional counseling has been provided as a part of the health risk assessment and screening services provided to the member by the PCP or attending physician, or through consultation with a registered dietician. The documentation must specify alternatives that were tried in an effort to boost caloric intake and/or change food consistencies before considering commercially available nutritional supplements for oral feedings, or to supplement feedings.



4. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must indicate which criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements. At least two of the following criteria must be met:
  - a. The member has been at or below the 10<sup>th</sup> percentile on a nationally recognized height and weight or Body Mass Index (BMI) chart ([see Appendix I](#)) for their age and gender for three months or more. Height and Weight charts and BMI calculators can be found at various sites on the Internet, including the Centers for Disease Control and the National Institutes of Health.
  - b. The member has already demonstrated a medically significant decline in weight within the past three months (prior to the assessment).
  - c. The member is able to consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources.
  - d. Absorption problems are evidenced by emesis, diarrhea, dehydration, electrolyte imbalance, significant weight loss, etc. and intolerance/allergy to current food products has been ruled out, and
  - e. The member requires nutritional supplements on a temporary basis due to an emergent condition, i.e., pre and/or post-hospitalization for surgical procedures or medical condition that is likely to cause weight loss or nutritional stress (authorization is not required for the first 30 days).

Contractors must develop guidelines for use by the PCP in providing the following:

1. Information necessary to obtain PA for commercial oral nutritional supplements
2. Encouragement and assistance to the member and/or caregiver in weaning the member from the necessity for supplemental nutritional feedings, including consultation by a licensed dietician when determined medically necessary, and
3. Education and training, if the member and/or caregiver elects to prepare the member's food, regarding proper sanitation and temperatures to avoid contamination of foods that are blenderized or specially prepared for the member.

Contractors are responsible for the appropriate transitioning of a member who is receiving nutritional therapy to or from another Contractor, or another service program. Refer to [Chapter 500](#), Policy 520 for more information related to transitioning members.